

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/700129**  
APPLICANT(S)

FILED DATE

**CLAIMS**

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|----------|------|------------------------|------|------------------------|------|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1            |          |      |                        |      |                        |      |
| 2            |          |      |                        |      |                        |      |
| 3            |          |      |                        |      |                        |      |
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| 100          |          |      |                        |      |                        |      |
| TOTAL IND.   |          |      |                        |      |                        |      |
| TOTAL DEP.   |          |      |                        |      |                        |      |
| TOTAL CLAIMS |          |      |                        |      |                        |      |

|              | * 1  |      | * 2  |      | * 3  |      |
|--------------|------|------|------|------|------|------|
|              | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51           |      |      |      |      |      |      |
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| 100          |      |      |      |      |      |      |
| TOTAL IND.   |      |      |      |      |      |      |
| TOTAL DEP.   |      |      |      |      |      |      |
| TOTAL CLAIMS |      |      |      |      |      |      |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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National Stage Processing  
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